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APPLICANTS

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AA

** CONTINUING DATA *****

AA

** FOREIGN APPLICATIONS *****

AA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Alyssa M. Allen</u> Examiner's Signature Initials				

ADDRESS

36802
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TITLE

Monitoring cardiac geometry for diagnostics and therapy

FILING FEE RECEIVED 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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